PATENT APPLICATION FEE DETERMINATION RECORD

| Application or Docket Number | numbei |
|------------------------------|--------|
|------------------------------|--------|

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | | ENTITY | OR | OTHER SMALL | |
|---|----------------------------------|-------------|------------------------------|-------------|------|--|------------------|----------|--------------------|------------------------|----------|---------------------|------------------------|
| FC | OR . | | | R FILED | | NUMBER E | | Г | TYPE RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | | | 345.00 | OR | | 690.00 |
| TOTAL CLAIMS minus 20= • | | | | | | | | X\$ 9= | | OR | X\$18= | 95 | |
| INDEPENDENT CLAIMS minus 3 = * | | | | | | | | ı | X39= | | OR | X78= | |
| MU | MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | • | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | +130 = | | OR | TOTAL | 285 |
| Column 1) (Column 2) (Column 3) | | | | | | | | • | SMALL | ENTITY | OR | OTHER SMALL | |
| ENT A | | CLA REMA | NIMS UNING TER | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | · A | 35 | Minus . | ** | 25 | = 0 | L | X\$ 9= | _ | OR | X\$18= | |
| AME | Independent FIRST PRESE | NTATIO | 3 | Minus | SNE | | =() | | X39= | | OR | X78= | |
| - | FIRST PRESE | MIANO | N OF MIC | DETIFIE DEF | EINT | DENT CLAIM | | | +130= | | OR | +260= | |
| | | | | | | | | A | TOTAL ODIT. FEE | | OR | TOTAL ADDIT, FEE | |
| | | | mn 1) | | | Column 2) | (Column 3) | | | | | | |
| AMENDMENT B | | REMA AF | NMS NNING TER DMENT | | Pf | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | | Minus | ** | _ | = | | X\$ 9= | | OR | X\$18= | |
| Z | Independent | • | | Minus | ** | | = | | X39= | | OR | X78= | |
| _ | FIRST PRESE | NTATIO | N OF M | ULTIPLE DEF | PENC | DENT CLAIM | | | +130= | | OR | +260= | |
| | • | | | • | | | | Ā | TOTAL DDIT. FEE | | OR | TOTAL ADDIT: FEE | |
| | · | | mn 1) | | _ | Column 2) | (Column 3) | 1 | | | | | • |
| ENTC | | REMA AF | NMS NNING TER DMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | | | Minus | ** | • | = | | X\$ 9= · | | OR | X\$18= | |
| NE NE | Independent | • | | Minus | *** | | = | | X39= | | OR | X78= | |
| _ | FIRST PRESE | NTATIO | N OF MU | JLTIPLE DEF | EN | DENT CLAIM | | | | | | +260= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR OR | TOTAL | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | | | | | | | | | |